

Docket No: PD25-661
(DEC97-01)

DECLARATION AND POWER OF ATTORNEY

DECLARATION:

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe, I am the original, first and sole inventor (if only one name is listed below) or, the below named inventors are the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention for specification of which is attached hereto unless the following box is checked.

[] was filed on [date] as Application Serial Number [] and was amended on [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATIONS

Number	Country	Date Filed	Priority Claimed (Yes/No)

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States Provisional application(s) listed below.

All correspondence should be addressed to:

Jim Thompson, Esq.
Patent Law Group
Digital Equipment Corporation
111 Powdermill Road, MS02-3/G3
Maynard, Massachusetts 01754-1499

All telephone calls should be directed to Jim Thompson, Esq., telephone number 1-508-493-9235.

Inventor's Full Name:	Michele Bovio
Inventor's Signature:	
Date:	
Residence: (City, State and/or country)	780 Boston Street Apt. 19G Boston, MA 02199
Citizenship:	Italy
Post Office Address:	Same As Above

Inventor's Full Name:	Robert C. Frame
Inventor's Signature:	
Date:	
Residence: (City, State and/or country)	3 John Pratt Circle Westboro, MA 01581
Citizenship:	U.S.A.
Post Office Address:	Same As Above